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Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554

In The matter of )  
 )  
Amendment of Section 73.202(b) ) MM Docket 98-198  
Table of Allotments )  
FM Broadcasting Stations ) RM-9304  
(Cross Plains, Texas) )

To: Chief, Allocations Branch  
Policy and Rules Division  
Mass Media Bureau


RECEIVED  
DEC - 2 1999  
FEDERAL COMMUNICATIONS COMMISSION  
OFFICE OF THE SECRETARY

SPECIAL NOTICE

I am Heather Hill, daughter of Jean Hill. Jean Hill was a major partner in a general partnership doing business as ALALATEX. I wish to inform the FCC that my mother was killed in an automobile accident October 11, 1999. I am the executrix of her estate. I am not familiar with her business endeavors, and I will be winding up the business of ALALATEX. Please suspend processing of any request or filing made by ALALATEX. ALALATEX is unwilling to pursue any further action with the FCC, especially if that action would result in any additional fees or expenses.

For your records I have attached a copy of the death certificate concerning my mother's accident.

Thank you for your assistance.

  
Heather Hill  
6356 D.I.P.  
Mobile, AL 36605

No. of Copies rec'd. 014  
List ABCDE

This is a true and exact copy of the record on file with the Mobile County Health Department.

Lance K Willis  
Signature of Local Registrar

Nov 9, 1999  
Date of Issue

TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GREEN, RED, OR  
BLUE INK.

# ALABAMA CERTIFICATE OF DEATH

County  
File  
Number —

State File Number **101**

3. _____			1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Jean Marie HILL</b>			2. DATE OF DEATH (Month, Day, Year) <b>October 11, 1999</b>			3. COUNTY OF DEATH <b>Mobile</b>		
6. _____			4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Mobile 36605</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>			6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>6101 Bayou Rd.</b>		
19. _____			7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>no</b>			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>no</b>			9. RACE—(Specify American Indian, Black, White, etc.) <b>white</b>		
20. _____			10. SEX <b>female</b>			11. AGE <b>51</b> YRS.			12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS. _____		
26. _____			13. DATE OF BIRTH (Month, Day, Year) <b>March 14, 1948</b>			14. DECEASED'S SOCIAL SECURITY NUMBER <b>419-64-5672</b>			15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (K-12) _____ College (1-4 or 5+) <b>2</b>		
27. _____			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Divorced</b>			17. SURVIVING SPOUSE (If wife, give maiden name) <b>Heather Drischel</b>			18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>no</b>		
34. _____			19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>			20. RESIDENCE—STATE <b>Alabama</b>			21. COUNTY <b>Mobile</b>		
			22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Mobile, 36605</b>			23. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>			24. STREET AND NUMBER <b>6101 Bayou Road</b>		
			25. INFORMANT—Name and Address <b>Heather Drischel 6356 Dauphin Island Hwy., Mobile, AL 36605</b>			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Sales Representative</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Lawn Chemical Company</b>		
			28. FATHER—NAME First Middle Last <b>Woodrow Wilson Odom</b>			29. MOTHER—NAME First Middle Last <b>Doris Marie Pitts</b>			30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Cremation</b>		
			31. DATE OF DISPOSITION (Month, Day, Year) <b>October 18, 1999</b>			32. CEMETERY OR CREMATORY—Name <b>Pine Crest Crematory</b>			33. LOCATION—(City or Town—State) <b>Mobile, Alabama</b>		
			34. FUNERAL HOME—Name and Address <b>Pine Crest Funeral Home 1939 Dauphin Island Hwy., Mobile, AL 36605</b>			35. FUNERAL DIRECTOR—Signature <i>Daniel R. Jones</i>			36. DATE SIGNED BY FUNERAL DIRECTOR <b>Oct. 18, 1999</b>		
			37. <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." <input type="checkbox"/> Medical Examiner (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated.) Signature: <i>Julie C. Goodin</i> <b>STATE MEDICAL EXAMINER</b>			38. DATE SIGNED (Month, Day, Year) <b>October 20, 1999</b>					
			39. TIME AND DATE OF DEATH <b>Oct. 11, 1999 9:12 p.m.</b>			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) <b>Oct. 11, 1999 9:12 p.m.</b>			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Julia C. Goodin, M.D.</b>		
			42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>P.O. Box 7925, Mobile, AL 36670</b>			43. CERTIFIER LICENSE NUMBER <b>19726</b>			44. REGISTRAR—Signature <i>Lance K Willis</i> For State or County use only		
			45. DATE FILED (Month, Day, Year) <b>Nov. 9, 1999</b>								

## MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Multiple blunt force injuries</b>			
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
DUE TO (OR AS A CONSEQUENCE OF):			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Accident</b>		50. AUTOPSY (Specify Yes or No) <b>yes</b>	
51. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) <b>motor veh crash - 2 vehs - driver</b>		52. DATE OF INJURY (Month, Day, Year) <b>10/11/99</b>	
53. INJURY AT WORK (Specify Yes or No) <b>No</b>		54. HOUR OF INJURY <b>8:45 p.</b>	
55. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) <b>Highway</b>		56. LOCATION OF INJURY—(Specify street or R.F.D. No., County or Town, State) <b>Hwy 193, 22.5 mi., Mobile, AL</b>	

This is a legal record and must be filed within five (5) days after death.

NAME OF DECEASED **Jean Marie Hill**

SSN: **419-64-5672**

## CERTIFICATE OF SERVICE

I, Heather Hill, daughter of Jean Hill, do hereby certify that I have on this 30<sup>TH</sup> day of November, 1999 caused to be mailed by first class mail, postage prepaid, copies of the foregoing "Special Notice" to the following:

Kathleen Scheuerle  
Federal Communications Commission  
Allocations Branch  
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Room 556  
Washington, DC 20554

Robert Hayne, Esq.  
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Station KZDF(FM)  
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Sacramento, CA 95818

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Station KWKQ, Graham, Texas)

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Station KWBU(FM)  
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John Joseph McVeigh, Esq.  
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Columbus, MD 21044-2787

Chuckie Broadcasting, Co.  
Station KYNZ(FM)  
Mr. Kenneth Taishoff, President  
P.O. Box 1609  
Ardmore, OK 73402

Watts Communications, Inc.  
Stations KXYL-FM and KSTA-FM  
Mr. Phil Watts, President  
P.O. Box 100  
Brownwood, TX 76804-0100  
(Licensee of KXYL(FM))

Equicom, Inc.  
Station KBAL-FM  
7103 Pine Bluffs Trail  
Austin, TX 78729

KZDL License Co., L.L.C.  
Station KZDL(FM)  
1436 Auburn Boulevard  
Sacramento, CA 95815

Durant Broadcasting Corp.  
Station KBLC(FM)  
1418 North First  
Durant, OK 74701

Pat-Tower, Inc.  
Station KVRW(FM)  
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(Licensee of KQXC(FM) and KYYI(FM))

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Heather Hill